STUDENT EMERGENCY INFORMATION
THE CHARLESTON CATHOLIC SCHOOL

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergencies.

PLEASE PRINT Grade_____

Student's Name:_____
Last First Date of Birth

Address:_____Home Phone:_____

Where can parents be reached if NOT at home?

Mother's name:_____Location:_____

Work Phone_____Cell Phone_____

Father's name:_____Location:_____

Work Phone_____Cell Phone_____

The following are two neighbors or nearby relatives who will assume temporary care of my child if I cannot be reached. They may also release my child from the Extended Day Care Program.

1.Name_____Phone_____

Address_____

2.Name_____Phone_____

Address_____

THE FOLLOWING PERSON(S) MAY *NOT* CALL FOR MY CHILD(REN):

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hearby authorize the school to contact the physician below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. I will not hold the school financially responsible for the emergency care and/or transportation of my child.

_____

Signature of parent or legal guardian Date

Local Physician's Name:_____

Address:_____Office Phone:_____

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems or any chronic condition, ADD, ADHD, learning disabilities, etc.

LIST ANY MEDICATIONS TO BE TAKEN AT SCHOOL ON A DAILY BASIS:
